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TO:	FROM:
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No. of Pages including cover page: 12

Serial No. 09/683,613
Group Art Unit: 1646
Examiner: Cynthia B. Wilder

Please disregard the response previously submitted today and replace it with the attached.
Should you have any questions, please do not hesitate to contact me.

Leticia Reyes Block

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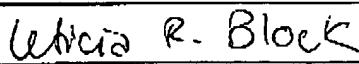
(to be used for all correspondence after initial filing)

		Application Number	09/683,613
		Filing Date	January 24, 2002
		First Named Inventor	Fred Christians
		Art Unit	1637
		Examiner Name	Cynthia B. Wilder
Total Number of Pages in This Submission	11	Attorney Docket Number	3386.1

ENCLOSURES (check all that apply)

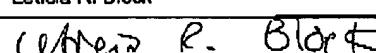
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response – 4 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) – 6 sheets of drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm or Individual name	Leticia R. Block Reg. 50, 167		
Signature			
Date	08/04/2003		

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Typed or printed name	Leticia R. Block		
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